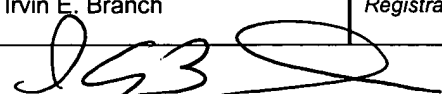
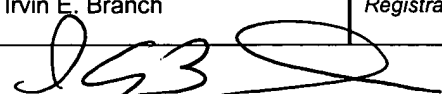
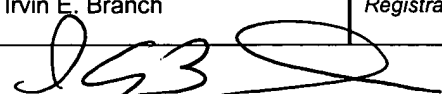


UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	020366-091700US
First Inventor	Magarasevic, Jelena
Title	A NETWORK INTERFACE DEVICE HAVING VIRTUAL PRIVATE NETWORK CAPABILITY
Express Mail Label No.	EV326933731US

APPLICATION ELEMENTS	ADDRESS TO																								
See MPEP chapter 600 concerning design patent application contents.	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																								
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 48] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 17] 5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper number of pages c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other:																								
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: <u>10/356,364</u> Prior application information: Examiner _____ Art Unit: _____ For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.																									
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number 20350 OR <input type="checkbox"/> Correspondence address below <table border="1"> <tr> <td>Name</td> <td colspan="5"></td> </tr> <tr> <td>Address</td> <td colspan="5"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td colspan="3"></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td colspan="3"></td> </tr> </table>		Name						Address						City	State	Zip Code				Country	Telephone	Fax			
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<table border="1"> <tr> <td>Name (Print/Type)</td> <td>Irvin E. Branch</td> <td>Registration No. (Attorney/Agent)</td> <td>42,358</td> </tr> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>November 17, 2003</td> </tr> </table>		Name (Print/Type)	Irvin E. Branch	Registration No. (Attorney/Agent)	42,358	Signature		Date	November 17, 2003																
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